



Good afternoon Senator Osten, Representative Walker, and Members of the Committee. My name is Bonnie Gaudreau and I am a Charge Nurse at a long-term care facility. I have worked there for the past 32 years. I have never seen staffing issues as bad as it is right now. Patient to staff ratios have always been an issue, even though according to the State regulations we always have enough staff. Those guidelines had not been changed in over 30 years until last year, and just recently, DPH told employers that they didn't need to follow the new guidelines, which is just a roundabout way of saying that nothing has changed. Nursing homes are no longer just for the elderly. We admit a span of many age groups with much more complex, acute, behavioral/ psychiatric, bariatric issues.

I often question why I became a Nurse, as I feel inadequate most shifts. I am not able to provide the kind of care these residents deserve to receive. Imagine coming into work on day shift with 34 residents: 6 are at high risk for falls, 2 are actively dying on Hospice, 7 have Dementia with behavioral disturbances, 2 are constantly exit seeking, and 4 are bariatric (which requires minimum 2-4 staff to reposition/roll in bed). Only 2 of my patients are independent, and the rest have advanced Alzheimer's and are in need of total care. Now try working with only 2 CNAs. How are we to adequately provide care for all these human beings?

On day shift (7am-3pm), we provide two meals: breakfast and lunch. Many of these residents must be assisted with eating or are completely dependent on staff to feed them. With only 2 CNAs on duty, how are they supposed to: wash, dress, shave, trim nails, ambulate, toilet, and reposition these residents every 2 hours? All while checking on Hospice residents every hour, preventing behavioral altercations, preventing falls, preventing exit seeking, etc.? It is impossible.

As the Charge Nurse for 34 residents, I have to complete: 7 blood sugars before breakfast comes out and start my morning med pass - which takes a minimum of 2.5 hours to complete, if no interruptions. As I am popping the medications - I hear my name paged overhead for a phone call so I go answer it, Family members of residents approach my cart asking for assistance so I go assist, I hear a resident yelling for "HELP!" in their bedroom so I go running to help, I see a high risk fall resident attempting to stand unassisted while the CNAs are in rooms assisting other residents so I go run to catch the falling resident and yell for help myself, I have to check on the Hospice actively dying residents every hour, recheck all the blood sugars before lunch, start my afternoon med pass, and complete all the required charting. All of this in an 8 hour shift. Could you do all this? We are constantly faced with ethical dilemmas daily.

Covid has only made this whole scenario worse. We lost many staff at the start of the pandemic because they did not want to put their own health at risk. During my facility's Covid outbreak, we lost 30 residents. Our census has yet to recover. Therefore in order to maintain operations we admit residents that we would normally not accept, such as residents with substance abuse issues and severe mental health issues. The mixture of the type of residents in a nursing home is not easy to manage, while being thorough, accurate, and professional. Burn out is at an all time high causing many to leave this profession to seek other professions. No one is filling out job applications to work in nursing homes.

We need your help. We need the staffing ratios to change and we need them enforced when they are changed. We need to improve the working conditions for employees by raising wages and improving benefits so we can attract more staff, and we need to improve the quality of life for the residents who reside in these facilities. Please help us.

Thank you for your time.